

FEC  
FORM 1STATEMENT OF  
ORGANIZATIONRECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS12 OCT 15 PM 4:49  
Office Use Only1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines.

12FE4M5

MARCO RUBIO FOR US SENATE

ADDRESS (number and street)

PO BOX 140420

☐(Check if address  
is changed)

MIAMI

FL

33114

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

marcorubioforsenate@gmail.com

☐(Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.marcorubio.com

☐(Check if address  
is changed)

2. DATE

10

15

2012

3. FEC IDENTIFICATION NUMBER

C

C00458844

4. IS THIS STATEMENT

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Keith A. Davis

Signature of Treasurer

*Keith A. Davis*

Date

10

15

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 02/2009)

12020793501

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

MARCO RUBIO

Candidate  
Party Affiliation

REP

Office  
Sought:

House



Senate



President

State

FL

District

00

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                      |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

12020793502

Write or Type Committee Name

**MARCO RUBIO FOR US SENATE****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****RUBIO/RECLAIM AMERICA JOINT COMMITTEE**

Mailing Address

228 S WASHINGTON ST STE 115

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

KEITH A DAVIS

Mailing Address

228 S WASHINGTON STREET STE 115

ALEXANDRIA

VA

22314

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

703

549

7705

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name  
of Treasurer

KEITH A DAVIS

Mailing Address

228 S WASHINGTON STREET STE 115

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

Title or Position  
TREASURER

Telephone number

703

549

7705

12020793503

Full Name of  
Designated  
Agent

PAUL A KILGORE

Mailing Address

264 N LUMPKIN ST #202

ATHENS

CITY

GA

STATE

30601

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

706

534

7780

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&amp;T

Mailing Address

300 S WASHINGTON STREET

ALEXANDRIA

CITY

VA

STATE

22314

ZIP CODE

Name of Bank, Depository, etc.

United Bank

Mailing Address

PO Box 393

Charleston

CITY

WV

STATE

25322

ZIP CODE

12020793504

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 10-15-12  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark  
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

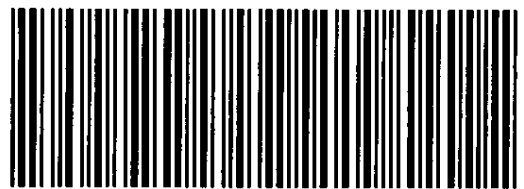
POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 10-15-12

12020703505



12020795506